

PARTIAL SERVICE RETIREMENT APPLICATION

DPA-062 (REV. 07/03)



Applicants should submit this form to the California Public Employees' Retirement System (CalPERS) 60 days before partial retirement is to begin. Partial retirement must begin on the first day of a pay period.

TO: Benefits Division
California Public Employees' Retirement System
P.O. Box 942711
Sacramento, CA 94229-2711

I hereby elect to participate in partial service retirement as follows:

Section A – Member Information

Social Security Number	Date of Birth	Business Phone	Home Phone
First Name	Middle Initial	Last Name	
Mailing Address	City	State	Zip

Section B – Partial Service Retirement Action

Complete **ONE**, either A, B, or C

- A. Entering Partial Retirement at _____ % Retirement Effective: _____
- B. Changing % Partial Retirement From _____ % to _____ % Effective: _____
- C. Returning to full-time employment Effective: _____

Your partial retirement allowance will be based on your salary for the last 12 consecutive months. If you think you have a 12-month period of higher salary, give us the dates. _____

I understand I may only reduce my work time once each fiscal year and only increase my work time once in five years. For any change in time base, I must submit a new partial retirement election DPA-062 to the Public Employees' Retirement System.

EMPLOYEE'S SIGNATURE: _____ **DATE:** _____

Section C – Employer Certification

I certify that this applicant has been approved to participate in the Partial Service Retirement Program. The employee is authorized to reduce/change his/her work time to _____ % and draw a partial retirement allowance for the remaining _____ % of the time.

PERSONNEL OFFICER OR AUTHORIZED DESIGNEE SIGNATURE: _____ **DATE:** _____

PHONE NUMBER (WITH AREA CODE): _____

INFORMATION COLLECTION AND ACCESS: Submission of the requested information is mandatory. The information requested will be used for administration of the Retirement Board's duties under the Retirement Law, the Social Security Act, the Public Employees' Medical and Hospital Care Act, and Government Codes 19996.30-19996.40 and 20000 et seq. Failure to supply the information may result in the System being unable to perform its functions regarding your status. You have the right to review your membership files maintained by the System by contacting CalPERS.